PART B - FEE(S) TRANSMITTAL

Complete and send this term, together with applicable fee(s), to: Mail Mail Stop ISSE FEE Commissioner for Patents P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

19	*/			OI FAX	`	,			·····	
INSTRUCTIONS This appropriate. All transpindicated unless correct maintenance fee notifical	d below or directed oth	or transming the Par nerwise in	nitting the ISSU tent, advance of Block 1, by (a	JE FEE and PUBLIC rders and notification a) specifying a new co	of n	ON FEE (if requinaintenance fees we pondence address;	red). B vill be r and/or	clocks I through 5 sh nailed to the current of (b) indicating a separ	ould be completed when orrespondence address a ate "FEE ADDRESS" fo	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mus have its own certificate of mailing or transmission.				
	7590 02/06	/2008			114 7 4				innin m	
Sherry M. Kno 45th Floor 191 Peachtree St		Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the Ur States Postal Service with sufficient postage for first class mail in an enve addressed to the Mail Stop ISSUE FEE address above, or being facsi transmitted to the USPTO (571) 273-2885, on the date indicated below.				deposited with the United class mail in an envelope bove, or being facsimile				
Atlanta, GA 30303						Nicole Smy	(Depositor's name)			
05/09/2008 RMEBRAH1 00000060 10759985						Touch drugt			(Signature)	
FC:2501 720.00 OP 2 FC:1504 300.00 OP					2-6-5405				(Date)	
APPLICATION NO.	FILING DATE	FILING DATE			TOR ATTORNEY DOCKET NO.			RNEY DOCKET NO.	CONFIRMATION NO.	
10/759,985	•	Raymond F. Schinazi EMU133 CON 5					8318			
FITLE OF INVENTION	: [5-CARBOXAMIDO	OR 5-FLI	UORO]-[2',3'-U	NSATURATED OR	3'-N	AODIFIED]-PYRII	MIDIN	E ⁸⁰ AUCLEOSIDES	,	
APPLN, TYPE	SMALL ENTITY	SMALL ENTITY ISSU		PUBLICATION FEE D	UE	PREV. PAID ISSUE FE		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	NO \$1440		\$300		\$0		\$1740	05/06/2008	
EXAMINER ART UNIT				CLASS-SUBCLASS	3					
CRANE, LAWRENCE E 1623				514-049000		•				
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
	GNEE			•	he pag an a	atent. If an assign assignment.			cument has been filed for	
Please check the appropri	ate assignee category or	categorie	es (will not be pr	rinted on the patent):	۵	Individual 🖫 Co	orporati	on or other private gro	up entity Government	
Aa. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies				Bb. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).						
•	us (from status indicated SMALL ENTITY state	,	CFR 1.27.	☐ b. Applicant is no	lon	ger claiming SMA	LL ENT	FITY status. See 37 CF	R 1.27(g)(2).	
NOTE: The Issue Fee and nterest as shown by the re	Publication Fee (if requestroyed)	uired) wil tes Patent	l not be accepte and Trademark	d from anyone other the Office.	han ti	he applicant; a regi	stered a	attorney or agent; or the	assignee or other party in	
Authorized Signature				-		.08				
Typed or printed name						Registration N				
This collection of information application. Confident ubmitting the completed his form and/or suggestion.	ation is required by 37 Ciality is governed by 35 application form to the ons for reducing this but	FR 1.311 U.S.C. 12 USPTO. rden. shou	. The information 22 and 37 CFR Time will vary 10 be sent to the	on is required to obtain 1.14. This collection is depending upon the incomplete of the control o	or r	retain a benefit by t imated to take 12 i idual case. Any co cr. U.S. Patent and	he publ minutes mment Tradem	ic which is to file (and to complete, including s on the amount of tim ark Office, U.S. Depa	by the USPTO to process, gathering, preparing, and the you require to complete timent of Commerce, P.O. Patents, P.O. Roy, 1450.	

Box 1450, Alexandria, Virginia 22 Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.